



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
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THIS SPACE FOR OFFICE USE ONLY

06 MAR 31 11:15

STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Kobayashi	Joy	K.	524-4155
MAILING ADDRESS (Street)			FAX
1000 Bishop St., #902			524-0573
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
BT Consulting, Inc. dba Advocates			same as above
MAILING ADDRESS (Street)			FAX
same as above			
(City)	(State)	(Zip Code)	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
American Heart Association	538-7021	
MAILING ADDRESS (Street)	FAX	
245 N. Kukui St., # 204	538-3443	
(City)	(State)	(Zip Code)
Honolulu	HI	96817
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Don Weisman		same
MAILING ADDRESS (Street)		FAX
Same as above		
(City)	(State)	(Zip Code)

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Agriculture                                 | <input type="checkbox"/> Education                          | <input type="checkbox"/> Human Services  | <input type="checkbox"/> Science, Technol<br>Economic Develc |
| <input type="checkbox"/> Communications &<br>Public Utilities        | <input type="checkbox"/> Government Operations &<br>Finance | <input type="checkbox"/> Intergovernmental Relations,<br>International Affairs | <input type="checkbox"/> Tourism & Recre:                    |
| <input type="checkbox"/> Consumer Protection &<br>Commerce           | <input type="checkbox"/> Hawaiian Affairs                   | <input type="checkbox"/> Labor & Employment                                    | <input type="checkbox"/> Transportation                      |
| <input type="checkbox"/> Culture, Arts, Historic<br>Preservation     | <input type="checkbox"/> Health                             | <input type="checkbox"/> Planning, Land & Water<br>Use Management              | <input type="checkbox"/> Other: (indicate b                  |
| <input type="checkbox"/> Ecology, Energy<br>Environmental Protection | <input type="checkbox"/> Housing                            | <input type="checkbox"/> Public Safety & Corrections                           |  |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

**SIGN  
HERE**

3/28/06

**PART V AUTHORIZATION TO LOBBY**

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Don Weisman

Communications Director

NAME OF ORGANIZATION (if applicable)

TELEPHONE

American Heart Association

538-7021

MAILING ADDRESS (Street)

FAX

245 N. Kukui St., # 204

538-3443

(City)

(State)

(Zip Code)

Honolulu

HI

96817

*I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.*

*Donald B. Weisman*

(Signature of Authorizing Officer or Person Represented)

(Date)